



CANDIDATE
POLITICAL INQUIRY FORM

WWJ / Detroit

SPECIAL () PRIMARY ☒ GENERAL () OUT OF WINDOW ()

RECORD OF REQUEST

Candidate Broadcast Time Planning Rates out of Window

NAME OF REQUESTOR:

1. NAME OF AD AGENCY:

Shanelle Jackson for Congress

2. ORGANIZATION PAYING FOR TIME:

Shanelle Jackson for Congress

Shanellejackson@hotmail.com

3. ORGANIZATION FURNISHING TAPES:

Same as Item 1

4. BROADCAST TO FAVOR ISSUE/BALLOT/CANDIDATE:

5. PRODUCT OR CATEGORY:

6. POLITICAL PARTY OR OFFICIAL AFFILIATION:

DATE OF REQUEST 8/31/12

NATURE OF REQUEST:

(a) Request for CANDIDATE rate card

b) Other request as stated below

7. DISPOSITION MADE OF REQUEST

(a) Granted

(b) Denied (reason)

(c) Withdrawn (reason)

(d) Avails offered

8. SUBSEQUENT DEVELOPMENTS

9. AMOUNT OF CHARGES – see order (s) under candidate name in public file folder

CBS EMPLOYEE COMPLETING FORM